



DENTAL BOARD OF CALIFORNIA
1432 HOWE AVENUE, SUITE 85
SACRAMENTO, CA 95825-3241
TELEPHONE: (916) 263-2300
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CERTIFICATION OF ACADEMIC RECORD

TO THE DENTAL BOARD OF CALIFORNIA OF THE STATE OF CALIFORNIA:

REGARDING: _____

Name of Applicant

I AM THE OFFICIAL in charge of the records _____

Name of College or University

and make this declaration for and on behalf of said educational institution.

I HEREBY DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA that I have compared the attached transcript of academic record regarding the above-named applicant is a true and exact copy of the original on file with this institution.

EXECUTED AT _____

Location/Country

this _____ day of _____, _____.

Month

Year

Name of College/University

**SCHOOL
SEAL**

BY: _____

Signature

Title

THIS CERTIFICATION MUST BE ATTACHED TO ORIGINAL COPY OF THE ACADEMIC RECORD